

17 (15)

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE						
							APPLICANT(S)							
CLAIMS														
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEF	IND	DEF	IND	DEF		IND	DEF	IND	DEF	IND	DEF	
1	1						51							
2		1					52							
3		1					53							
4		1					54							
5		1					55							
6		1					56							
7		2					57							
8		2					58							
9		2					59							
10		2					60							
11		2					61							
12		1					62							
13		3					63							
14		3					64							
15		3					65							
16		3					66							
17		3					67							
18		3					68							
19	1						69							
20		1					70							
21	1	12					71							
22		2					72							
23		2					73							
24		2					74							
25		2					75							
26		2					76							
27		2					77							
28		4					78							
29		4					79							
30		4					80							
31		4					81							
32	1						82							
33		1					83							
34		1					84							
35		1					85							
36		1					86							
37		1					87							
38		1					88							
39		3					89							
40		3					90							
41		3					91							
42		3					92							
43	1						93							
44		1					94							
45		1					95							
46		1					96							
47		1					97							
48							98							
49							99							
50							100							
TOTAL IND.							TOTAL IND.		TOTAL IND.		TOTAL IND.		TOTAL IND.	
TOTAL DEF.							TOTAL DEF.		TOTAL DEF.		TOTAL DEF.		TOTAL DEF.	
TOTAL CLAIMS							TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS		TOTAL CLAIMS	

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (For use with Form PTO/SB/06)							Application Number		Filing Date			
							Applicant(s) Wen C. Huang					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	X						51					
2		X					52					
3		X					53					
4		X					54					
5		X					55					
6		X					56					
7		X					57					
8		X					58					
9		X					59					
10		X					60					
11		X					61					
12		X					62					
13		X					63					
14		X					64					
15		X					65					
16		X					66					
17		X					67					
18		X					68					
19	X						69					
20		X					70					
21		X					71					
22		X					72					
23		X					73					
24		X					74					
25		X					75					
26		X					76					
27		X					77					
28		X					78					
29		X					79					
30		X					80					
31		X					81					
32	X						82					
33		X					83					
34		X					84					
35		X					85					
36		X					86					
37		X					87					
38		X					88					
39		X					89					
40		X					90					
41		X					91					
42		X					92					
43	X						93					
44		X					94					
45		X					95					
46		X					96					
47		X					97					
48							98					
49							99					
50							100					
Total Indep	4						Total Indep					
Total Depend	43						Total Depend					
Total Claims	47						Total Claims					

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